APR 25 1944

The Journal of the South Carolina Medical Association

GREENVILLE, SOUTH CAROLINA — MARCH, 1944, VOL. XL, NO. 3

Medical Library

CONTENTS

Article	Author	Page
Reconstruction of the Lower Jaw (A Case Report)	Austin T. Moore, M.D. Weston C. Cook, M.D. Columbia, S. C.	73
Vitamin A and Color Vision	J. A. Richardson, M.S. F. W. Kinard, Ph.D. Charleston, S. C.	76
Pollen Counts	Katherine Baylis MacInnis, M.D. Columbia, S. C.	77

Editorials — Correspondence — Deaths — Society Reports — County Society Officers and Delegates — News Items — Aero Sakos

BACKGROUND

Three Decades of Clinical Experience

THE use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that consistently, for three decades, has received universal pediatric recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose.

DEXTRI-MALTOSE No. 1 (with 2% sodium chloride), for normal babies.

DEXTRI-MALTOSE No. 2 (plain, salt free), permits salt modifications by the physician.

DEXTRI-MALTOSE No. 3 (with 3% potassium bicarbonate), for constipated babies.

These products are hypo-allergenic.

DEXTRI-MALTOSE

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

Mead Johnson & Company, Evansville, Ind., U. S. A.

"FOR A GENT WHO'S WORKING LIKE CRAZY— MY DOCTOR SURE KEEPS HIS HEAD!"

"GOODNESS KNOWS, he's doin' the work of two or three doctors nowadays! No wonder he takes a *good* short cut when he sees it.

"He saw S-M-A—'cause he was *looking* for something that would help save him time from doing endless 'rithmetic about proportions of milk, carbohydrate, water for feeding formulas.

"And he began prescribing S-M-A—when he found out what an efficient time-saver it is. In just two minutes he was able to tell Mother how to mix and feed me my S-M-A* . . .

"But S-M-A pleases my Doctor most because he knows that in it he is prescribing an infant food that closely resembles breast milk in digestibility and nutritional completeness!

"So now he's *always* bragging about me and his other S-M-A babies!

"And Mother says she can hardly believe what S-M-A has done for me *and* my disposition! Sure looks like—EVERYBODY'S happy if it's an S-M-A baby!"

**One S-M-A measuring cup powder to one ounce water.*

S-M-A is derived from tuberculin-tested cows' milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil, with milk sugar and potassium chloride added, altogether forming an anti-rachitic food. When diluted according to directions S-M-A is essentially similar to human milk in percentages of protein, fat, carbohydrate, ash, in chemical constants of fat and physical properties. A nutritional product of the S.M.A. Corporation, Division WYETH Incorporated, Philadelphia.

Everybody's HAPPY IF IT'S AN SMA BABY!

REG. U. S. PAT. OFF.

Entered as second-class matter February 9, 1916, at the post office at Greenville, South Carolina, under Act of Mar. 3, 1879. Accepted for mailing at special rate of postage provided for in Sec. 1103 Act of October 3, 1917, authorized Aug. 2, 1918.

Residual
Foreign
H-25 X-f
#9720
Surg.

THE JOURNAL
of the
South Carolina Medical Association

VOLUME XL April, 1944 NUMBER 4

Reconstruction of the Lower Jaw

A Case Report

AUSTIN T. MOORE, M.D.
WESTON C. COOK, M.D.
COLUMBIA, S. C.

This case is presented as an interesting example of reconstruction surgery. It illustrates what may be accomplished by patience, perseverence and complete cooperation between patient and surgeon. Over four years of time and six operations were required to bring about the desired result.

The patient (Miss A. H. age 20) was first seen in August, 1939. At that time her appearance was very pathetic. The history obtained was that she had had an acute osteomyelitis of the lower jaw when she was five years of age. Almost the entire mandible was affected and sloughed out by sequestration. Growth of the bone was retarded. By the time she reached maturity her disfigurement was extreme. There had been no drainage for fourteen years. She was a shy, self-conscious girl greatly handicapped and embarrassed by her appearance. She apparently had no lower jaw. Her chin had so receded that it was impossible for her to close her mouth without the use of her hands. The upper teeth protruded very prominently and objectionably. She could not close her lips about her teeth and drooling of saliva was most annoying. Further she could only eat liquid or semi-solid food so that in addition to her social embarrassment she was physically undernourished. Her desire to be relieved was profound. (See Fig. 1)

After preliminary X-ray studies, a plan of procedure was outlined to her which would require a long time and several operations. She willingly consented. It was explained that removal of the remaining lower teeth would first be necessary. After which, by a series of bone grafting operations, reconstruction of the lower jaw would be attempted. Finally by the use of a dental prosthesis she might expect a serviceable jaw as well as improvement in her appearance.

Dr. (now Maj.) George Hart kindly agreed to cooperate in taking care of the dental work that would be necessary and he did the preliminary dental extractions. Following Dr. Harts entrance into the Army, Dr. E. F. Mickle continued with the dental care and made the final prosthesis.

There was no reaction following the dental extractions. Prompt healing occurred and in three months it was believed that surgery could be safely undertaken.

The Authors:

Dr. Moore, Orthopedic Surgeon, was graduated from the Medical College of the State of S. C. (1924). He is a member of the American Academy of Orthopedic Surgeons and of the American College of Surgeons.

Dr. Cook was graduated from the University of Pennsylvania School of Medicine (1940) and is now associated with Dr. Moore in Columbia.

November 13, 1939 the first operation was performed. A bone graft from the tibia was mortised into the left side of the mandible lengthening it about 1¼ inches. The right side of the jaw was osteotomized to allow for the increased length of the left side. The jaw was immobilized by wiring

Figure 1.—A. H., Age 17
Appearance after osteomyelitis had subsided, before any operative work had been undertaken.

Figures 2 & 3.—A. H., Age 20
Soon after first operation to lengthen jaw by bone graft.

with stainless steel wire the remaining teeth of the lower jaw to those of the upper jaw. Convalescence following this operation was uneventful. Bone union developed and at the end of ten months the bone graft had grown almost to the size of the normal jaw on that side. (See Figs. 2 & 3.)

In February, 1941 a similar operation was performed. This time lengthening the right side of the mandible, likewise using a tibial bone graft.

Again the convalescence was uncomplicated. The jaw had been made much longer. There was a reasonable appearance of a chin but it was deviated to the left side.

September 11, 1941 the left side of the jaw was again lengthened by a bone graft. This time the osteotomy and graft was further forward, just lateral to the chin, to throw the chin further to the right side. Following the operation the chin persisted in its deviation to the left in spite of the left sided lengthening. To prevent healing of the graft in this position further immobilization was necessary.

September 27, 1941 under local anesthesia a double strand of stainless steel wire was passed through a drill hole in the left mandible, just lateral to the chin, and fastened to the upper teeth on the right side in such a manner as to pull the jaw upward and to the right. Uncomplicated healing occurred in this improved position.

By now the appearance of this young lady had been greatly improved. The remaining defects were a slight shortening of the chin on the right and a depression of the mandible on the right side just posterior to the chin.

June 4, 1942 another operation was undertaken to correct this defect. A piece of the ilium on the right side was removed and used as a graft to restore the prominence of the chin and jaw on the right. This graft was held in place with two small stainless steel screws—unfortunately the lateral half of the graft failed to unite. It became a sequestrum and had to be removed. This was followed by prompt healing. (See Fig. 4.)

November, 1943, another attempt was made to make the two sides of the face and chin symmetrical. This time a piece of bone was from the left ilium. By shaping the graft with the electric bone mill it was made to fit nicely. The natural curve of the ilium restored the natural curvature of the chin and jaw. In addition to restoring the bony contour of the jaw a skin plastic procedure was performed. Previously there had been a drooping of the right side of the mouth. All of the soft tissue above and below the mandible was dissected free and transplanted upward after the graft had been anchored in place with a stainless steel screw. The

Figure 4.—A. H., Age 23
Appearance after fifth bone graft operation. Note defect of right side of chin for which final procedure was undertaken.

Figures 5 & 6.—A. H., Age 24
Full face and profile views—final result four years after beginning treatment and fourteen days after sixth and final operation.

cosmetic result was very pleasing. To avoid scarring the skin in this operation, (as in the previous ones) was closed with a single subcuticular strand of stainless steel wire and pressure dressings were applied. Healing was prompt and uncomplicated.

Prior to the last operation a dental prosthesis was fitted to the lower jaw. Her teeth are in normal occlusion and she is able to eat all kinds of food. She can even chew steak without difficulty. Her general health is excellent.

The final appearance (Figure 7) of this young lady is considered most satisfactory by herself and her family. She has a good position and is now working as a government secretary in Washington. There has been a complete transformation of personality.

SUMMARY

(1) A case of severe facial deformity in a young woman, a result of osteomyelitis of the mandible during childhood is presented.

(2) In a series of six bone grafting procedures over a period of four years a new mandible has been constructed, with an excellent functional and very satisfactory cosmetic result.

Figure 7.
Final result. Photograph March 10, 1944.

Vitamin A and Color Vision

J. A. RICHARDSON, M.S., AND F. W. KINARD, PH.D.
CHARLESTON, S. C.

Since the outbreak of the War physicians are consulted more frequently by individuals who have been found to be color blind by the examining boards of the various armed services or those of industries. Several newspaper, magazine, and radio reports have been published indicating that the daily use of Vitamin A will correct this condition. Experiments were planned to test the validity of these reports, and the following is a summary of the findings of this study.

Color perception is dependent upon the cones of the retina.[1] The retinal areas sensitive to the primary colors may be mapped out by means of the perimeter but this is in reality a laboratory method. The physician generally resorts to the color matching test with Holmgren's colored wools or to the pseudo-isochromatic diagrams of Ishahara or those of the American Optical Company.

Color blindness is considered generally to be a sex-linked disease and thus is hereditary.[2] However, some forms of color blindness may be acquired, as for example those following detachment of the retina and in[3] toxic amblyopia, optic neuritis, and retrobulbar neuritis.

Vitamin A is recognized as an important factor in maintaining healthy lacrymal glands and in prevention of Xerophthalmia. The epithelial linings of the respiratory, alimentary, and urinary tracts and the ducts of various glands tend to become cornified if insufficient Vitamin A is present in the diet.[4] And, of course, night blindness is well recognized as resulting from inadequate Vitamin A in the diet.

These facts would lead one to consider color blindness incurable as a rule. However, Dunlap and Loken[5] reported that 25,000 units of Vitamin A daily for 3-8 weeks enabled patients to pass a standard color-vision test (Stilling, Ishahara, worsted wools, etc.) on which these patients had previously failed. 50,000 units daily were said to accelerate the cure but digestive upsets in some cases required reduction of the dosage to 25,000 units daily. Color blindness, of the so-called "red-blind" type was declared not to be a simple "sex-linked Mendelian character."

Later, Dunlap and Loken[6] commented that the pseudo-isochromatic charts do not test color perception but do test brightness. They state that "About 80 per cent of persons who have flunked chart tests have been able, after use of Vitamin A in adequate quantities for an adequate period, to pass these tests." Further, it is indicated that those still unable to pass the test after Vitamin A therapy are possibly suffering from dietary insufficiency of protein.

The Authors:
Dr. Kinard is Assistant Professor of Physiology at the Medical College of the State of South Carolina and Mr. Richardson is an Instructor.

It was considered that these reports were of sufficient importance to warrant further study, and since a group of color blind medical students was available, the series of experiments was planned.

Experimental: Seven healthy color blind medical students volunteered as experimental subjects. The students were tested with the pseudo-isochromatic charts of the American Optical Company. The intensity of the day light falling upon the charts was kept constant in all tests by adjustment of the light to give an identical reading on the De Jur exposure meter. The subject's eyes during each test were at a uniform distance of one meter from the test charts. Detailed records were kept of each test with the initial record being verified after 2 days.

In addition to the regular diet, each subject was then given a daily dose after breakfast of 25,000 U. S. P. XI Units of Vitamin A (Nion A capsule of the Nion Corporation). The test with the pseudo-isochromatic charts was repeated at weekly intervals for 7 weeks.

Results: In Table I is recorded the total number of plates incorrectly identified by the subject from a total of 46 plates used in each test. P. C. W. was the only subject showing marked improvement in his scoring.

Discussion: It is apparent that the group as a unit showed very little improvement in scoring following the administration of the Vitamin A for 7 weeks. The subject showing the greatest improvement attained this state of proficiency after taking Vitamin A for only 1 week. If the Vitamin were responsible for this improvement, it acted with surprising rapidity.

It is readily admitted that controls should have been used, i. e., color blind subjects tested weekly but without receiving the Vitamin. The group was so small, and color blind individuals are so difficult to obtain, that the entire group was used with the idea that if favorable results were obtained, then controls could be used later to lend support to the findings.

In fairness to Dunlap and Loken,[5, 6] it is not possible to say that results would or would not have been more favorable had the dosage of Vitamin A been increased and the administration continued for longer periods.

After this study was completed, a report of Le Galley and Harrisson[7] was found. These workers

From the Department of Physiology of the Medical College of the State of South Carolina, Charleston, S. C.

administered daily doses of 30,000 U. S. P. units of Vitamin A for 10 weeks and observed a 20.7 per cent improvement in color vision. With a daily dosage of 8 milligrams of Vitamin B_1 there was 22.3 per cent improvement; daily dosage of 16 milligrams of Vitamin B_2 gave 2.5 per cent improvement; and a control group receiving no Vitamin supplements showed an improvement of 2.2 per cent.

CONCLUSIONS

Daily administration of 25,000 U. S. P. XI Units of Vitamin A for 7 weeks had no markedly favorable effect upon the group of 7 color blind students tested with the pseudo-isochromatic charts of the American Optical Company. One individual did show definite improvements but it is not possible to prove that the Vitamin A was responsible for this.

BIBLIOGRAPHY

1. Hecht, S.: Rods, Cones, and the Chemical Basis of Vision, Physiol. Rev., 17, 239-290 (1937).

2. Herbolsheimer, A. J.: Color and Color Perception, J. Aviation Med., 13, 201-215 (1942).

3. Berens, C. and Stein, L.: Group Color Vision Tests, J. A. M. A., 113, 1563-1564 (1939).

4. Best and Taylor: Physiological Basis of Medical Practice, 3rd Edit., The Williams and Wilkins Co., Baltimore, 1943.

5. Dunlap, K. and Loken, R. D.: Vitamin A for Color Blindness, Science, 95, 554 (1942).

6. Dunlap, K. and Loken, R. D.: Anomalies of Color Vision, Science, 96, 251-252 (1942).

7. Le Galley, D. P. and Harrisson, J. W. E.: Improvement of Color Vision By Vitamin Intake, Amer. J. Pharm., 115, 95-99 (1943).

Number of Plates Incorrectly Identified In 46 Test Plates

	Number of weeks Vitamin A administered							
Subject	0	1	2	3	4	5	6	7
O. R. T.	38	39	36	36	36	35	33	33
J. F. D.	36	30	31	34	34	32	33	35
H. H. W.	27	27	21	23	25	25	27	27
J. M. T.	34	32	32	31	32	28	28	28
L. H. B.	33	31	31	31	32	32	30	32
P. C. W.	24	14	13	16	14	11	13	13
O. A. M.	34	35	34	36	35	36	35	35

Pollen Counts
1941-1943
Columbia, S. C.

KATHARINE BAYLIS MACINNIS, M.D., COLUMBIA, S. C.

Pollen counting has been of considerable interest to the allergist for a number of years. Blackley in 1855-73 was the first who attempted counting. In the beginning his methods were very complicated, but later he concluded that the gravity method was as accurate as the more complicated ones. This is the method most generally used now. Blackley had hayfever and he compared his symptoms with the number of pollen grains on the slide over a 24 hr. period, finding that his symptoms were always worse when the count was high. He also found that pollen is present in the upper layers of the atmosphere and greatly reduced indoors.

Since the time of Blackley there have been many men who have done a great deal of work standardizing a method which would be simple as well as accurate. Among these are Scheppegrell who worked along in 1917, and then Balyeat, Duke, Durham, Rowe, Vaughan and Wodehouse, the latter being particularly interested in the study of the individual grains.

In no way do I wish to convey the idea that this report is complete, for coming at a time when the country has been primarily occupied with war, it is of necessity curtailed. For a report to be complete, it should be accompanied by a botanical survey of the region and a detailed weather report. The first had been impossible for many reasons and the latter was unavailable because of war restrictions. Nevertheless this report is being made now with the idea that it might be of service to some people in their busy days, when so many of our colleagues are away.

The Author:

A native of Columbia, Dr. MacInnis was graduated from the Women's Medical College, Philadelphia (1926). She is a Fellow of the American Academy of Allergy and her practice is devoted exclusively to allergy.

When I returned south to live a little more than three years ago, I was impressed with the fact that vegetation was almost a continuous thing, there being very little cold weather sufficient to inhibit the growth of plants and trees for very long. As I could find no published reports of pollinating seasons for this location, it behooved me to attempt to ascertain when I could and should expect the pollen to be in sufficient amounts to cause seasonal hayfever. It was evident that the pollen seasons would be longer and with more overlapping than I had known in New York State, where I had made studies with the aid of the United States Weather Bureau.

Glass slides 1 by 3 inches were covered with a thin coating of oil and exposed, in sheltered places, for 24 hrs. at a time. These studies were made daily for the years 1941, 42, and 43. The pollen station was located in town and an occasional check was run at my home two miles from the office, with almost identical results. The pollen was allow-

ed to collect by gravity, the slide was then studied and the results recorded. In counting the pollen the same method was used at all times, that is the short length of the slide was crossed five times at spaced intervals with the microscope set at low power and focussed at 1.4 mm.

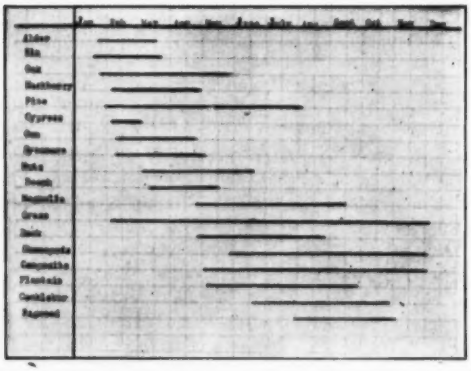


Fig. 1.—Approximate length of pollenating season for most common plants and trees in Columbia, S. C. for 1941-43.

A study of figure 1 will show that there is not a month in the year when there were no pollen grains on the slide. From this one would say that the seasonal hayfever or pollenosis was not a seasonal condition, but a perennial condition. There are several factors that must be held in mind before a correct interpretation of the figure is made. The discomfort to a patient from pollen in the air depends on three factors: 1—an individual's sensitivity; 2—the amount of pollen or the concentration of one or more pollens at the same time; and 3—the toxicity of the individual grains. Not all pollen has the same amount or degree of toxicity, for example the pine pollen has a very low toxicity and seldom causes pollenosis, while the nut pollens are extremely toxic and many people are affected by these pollens. In my three years of study I have not seen a patient sensitive to pine pollen, even though the count reached 1500 grains on one day in March, while a nut count of 15 causes many people to be uncomfortable. Nut trees are used a great deal for shade around the home, thus making the pollen readily available to an individual. This pollen being so very toxic, a person might easily become sensitized to it when so constantly exposed. At times the pollen is shed in such profusion that it looks like yellow sand or dust on the porch floor when trees are growing near by.

On no two years is the prevalence of pollen the same. This is indicated in charts 2 and 3. Chart 2 shows a variation in the count of the nut (pecan, hickory and walnut) pollen for two years. The wide discrepancy shown may be due to one or more of the many factors. Some years are considered "good nut years" while others have "poor yields." There are many physical conditions which must be taken into consideration in studying the variations of a graph: humidity, wind (the direction and velocity) rain, drought, clouds and sunshine hours. The higher the number of hours of sunshine the more likely is there to be an increase in pollen dispersal.

A study of the grass line in figure 1 is interesting in that it extends throughout the year. On the other hand the amount is not sufficient to cause symptoms in patients except for approximately two months from March to June, depending on the weather. Another interesting observation was that grass pollen counts were unusually low, even during the height of the season, the average being seldom above 40 grains a day, yet many people suffer from hayfever caused by sensitivity to grass pollen.

Ragweed pollen is the pollen that causes the most discomfort during the pollen seasons, more people being sensitive to it than to any other one pollen. It was found that a few grains were on the slides during the last of July and on into December, though it did not come in any abundance until the

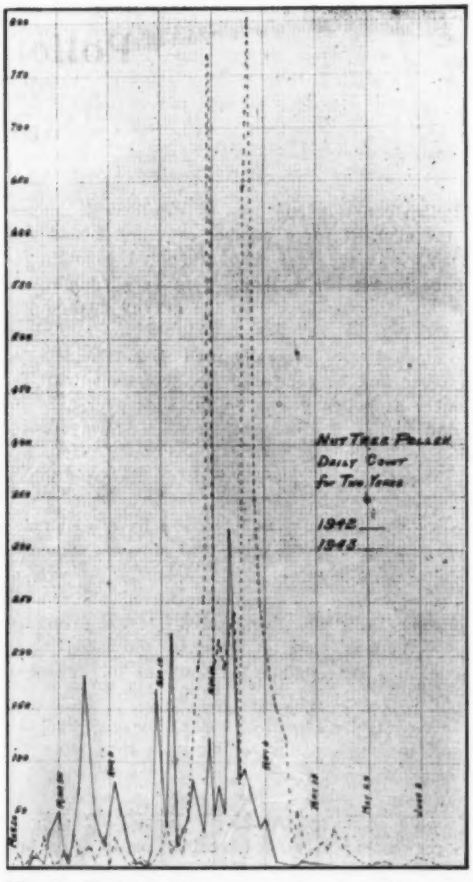


Fig. 2.—Variation in amount of pollen shed by nut (pecan, hickory and walnut) trees for 1942 *and* 43.

middle or last of August, then lasting for six to eight weeks in amounts sufficient to be upsetting. It takes a very hard frost to completely kill the weeds. This plant has followed along with the path of civilization and cultivation, always around the cultivated fields, seldom found in the woods. The concentration of pollen in Columbia is very much less than in many areas throughout the country. And from observation it was noted that there is still less as one goes to the coast, there being very little along the seashore, thus affording relief to many hayfever sufferers.

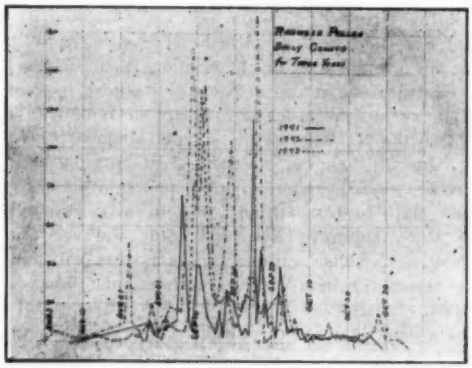


Fig. 3. — Variation in ragweed counts for three years, 1941, 42 *and* 43.

This short discussion of pollen seasons leaves two months in the summer, June and July, which have relatively little pollen in the air, but which are months when many patients are most uncomfortable with their hayfever. Much has been written about the mid summer hayfever but there have been no definite conclusions. Some of the symptoms are due to plantain, cocklebur, chenopods, molds and fungi, and others to physical factors (heat and humidity). But there are too many more who are mid summer hayfever victims to whom we as yet are unable to give relief, or find a causative agent.

SUMMARY

A pollen survey was made in Columbia, S. C. for the years 1941-43, at which time it was noted that there was no month in the year when pollen was absent from the air. There were the months when peaks in counts were reached, among them being the exceptionally high pine and nut counts. The grass count extended throughout the entire year. The ragweed was found on the slide longer than the usual six weeks.

BIBLIOGRAPHY

1. Journal of Allergy 1928 through 1943.

2. Tuft, Louis — Clinical Allergy, 1938.

3. Vaughan, Warren T. — The Practice of Allergy, 1939.

The Journal of the South Carolina Medical Association

EDITOR: Julian P. Price ..... Florence, S. C.

EDITORIAL BOARD

J. I. Waring ..... Charleston	R. M. Pollitzer ..... Greenville	J. J. Chandler ..... Sumter
D. F. Adcock ..... Columbia	W. J. Henry ..... Chester	O. Z. Culler ..... Orangeburg
C. J. Scurry ..... Greenwood	W. R. Mead ..... Florence	G. D. Johnson ..... Spartanburg

BUSINESS MGR.: Mrs. C. G. Watson ..... 105 W. Cheves St. Florence, S. C.

Please send in promptly notice of change of address, giving both old and new; always state whether the change is temporary or permanent. Original manuscripts, subject to approval by the Editor and the Editorial Board, are desired for publication in the Journal. They should be typewritten, double spaced, on 8½ x 11 paper. References should be complete, and only such as relate directly to statements quoted in the paper. Illustrations will be used as funds permit, or as authors are willing to bear the necessary increase in cost. Short original articles are preferred to long reviews.

Office of Publication: (In care of the Editor) ..... Florence, S. C.
Subscription Price ..... $3.00 per Year

THE PEOPLE'S OPINION

In July, 1943, The National Physician's Committee employed the largest opinion research group in this country to make the most comprehensive study of people's opinion on medical care that was even undertaken in the United States. The survey was independent and unbiased and the results of this survey which have just been released should be studied carefully by every physician.

The general conclusions reached are as follows;

"The case is crystal clear. Its meaning and the implications cannot be ignored.

"The American People want none of the National Government's meddling in the vital field of medical service.

"The American People understand and believe in our effective system of personalized medical care.

"There is an economic problem involved. To some people the prospect of emergency need, unusual or prolonged illness, is a source of fear and of worry.

"The American People know about and desire —demand—a plan or plans—a method for the prepayment of medical care costs. This demand must be met.

"It is not exclusively a medical responsibility. It is an economic problem.

"Equally involved in the final settlement are all of the Professions, the Insurance Companies, American Labor, all of Business and all of Industry.

"Methods have been devised — mechanisms have been perfected. Plans have been tested. They are satisfactory to a previously unbelievable extent. They are adequate to the need. The period of experimenting is at an end."

(Copies of this report may be obtained from the National Physicians Committee, Pittsfield Building, Chicago.)

THE DRIVER'S SEAT

The underlying thought of many of our attempts at editorial writing in the past few months has been —physicians and medical organizations must take the lead in shaping the coming changes in medical practice. It was with a great deal of pleasure, therefore, that we read the President's Page in the February issue of the Journal of the Kansas Medical Society. The letter which Dr. Lattimore writes to the members of his association is so timely, so well-expressed, and so in line with our own thoughts, that we present it to our readers in full.

"To the Members of the Kansas Medical Society:

"One of the most constant criticisms that is directed toward organized medicine is 'What have you done to combat the trend to socialization?'

"Many attempts have been made and are being made to establish various programs that will satisfy certain groups, which are demanding what we called socialization. Actually these groups do not know exactly what they want. If they believe that medical service, or any other service, is going to be rendered to them without charge, they are wrong. The federal government does not offer such a proposal. What it does propose is a planned type of insurance covering illness and its attending expenses. Whether the medical profession likes it or not makes not the least bit of difference, for it is a trend of the people's thinking. I am convinced that the only way we can combat this entire federalization program is to offer the people various plans which will furnish these services at a fee that is comparable to the government charge. In that event, I feel that we could govern our own program, we could be our own administrators. If we, as a profession, refuse to establish these programs, spend our time in arguing over the minor details, insist that the good old times and ways of doing business must return, then we shall pay the penalty and lose our identity in a maze of governmental regulations and administration. In fact, we are already greatly socialized with a large number of physicians, such as full time employees, radiologists, pathologists, anesthetists, health officers and many others, working under a system that is comparable to socialization.

"Most certainly I dislike to see socialization come. However, in my opinion it is coming, and if we are as smart as we should be, we will get in the driver's seat and manage our own business. The surest way for us to lose the battle is for the physicians in Kansas to refuse to do anything. There will be no perfect plan worked out, we will object to many of the inclusions, but let's be sensible and do the best under the existing conditions."

CORRESPONDENCE

(The following discussion of so-called Socialized Medical Care was sent to us by one of our colleagues who is now serving with the armed forces. We are glad to publish this statement because it is forthright and thought provoking. Many of our readers may not agree with the plan which is suggested but it should serve as a stimulus for discussion. We urge other physicians, both in civilian and military life, who have not sent their ideas to the Journal to do so.—Editor.)

Before presenting any plan for so-called socialized medical care, let me make it plain that I am a very great believer in the virtues of private enterprise, and if I thought that the world were going back to the same status as of some years ago this would never be written. Most of us feel that it never will. State medicine will come just as state supported schools have come. My belief is strong that the practice of medicine as the older ones of our generation knew it will be dead within a few years. Many articles have been published to cite the inroads which state medicine has made into private practice in the past. To mention a few inroads, we might cite the treatment of tuberculosis, the treatment of crippled children and the province of preventive medicine. The veterans administration will be a huge organization after the war. And if universal conscription becomes a fact, which it very likely will, there will hardly be a male in the land, after he has reached his twentieth birthday, who will not be a veteran. All of these inroads will be felt on medical practice, and the private practitioner will be squeezed out into the cold by degrees. He will be forced to drift into some form of governmental agency in self defense. Possibly the women and children will be all that's left. If industries follow the lead of some of those in the present emergency they may establish medical facilities for their workers which will create a further drain on our clientele.

The public mind will be prepared for the acceptance of prepaid medical care. Our conscript army believes that it gets good care in the army. They are correct, but they lose sight of the fact that the ones responsible for this care are civilian trained doctors. Their wives and children get this same care in cases of emergency, and they like it. I have never heard one soldier or dependent make any mention of individual choice of physician or imply that the thought had occurred to him. Whether we like to believe it or not, this is the trend of the time.

The entire world is being permeated with the thought of security and freedom from want for the common man. England is destined to develop some system of prepaid medical care. Russia, however much you may object, has made it work. We don't know how much hardship regimentation has worked on the Russian physician, but we must admit that the system has been acceptable to the people and considered desirable. All over the world this desire for security and betterment will be surging. We will be infected with the same organism.

My desire would be to avoid governmental control on a federal basis. For many years South Carolina, and the South in general, has had very little to say about how our federal government is run. The reasons for this are multiple and complex, and a recitation of them might lead to a repetition of the civil war! Federal control in any state would be bad enough, but any southern state would be a pawn in this system. My love for the State of South Carolina is bound up in the character, dignity and intelligence of the people who inhabit it. The opportunities there for the accumulation of material wealth do not exist as they do in some other states. The opportunities for advanced education are not as highly developed as elsewhere. This goes back again to our economic imperfections. I would like to see us advance in all directions, and if my information is correct there is an active program on foot at the present time for industrial and economic improvement in post war era.

The people of the State could devise a system of medical care of their own which would be a great attraction to industrially trained persons, and therefore to the persons controlling the capital of industry. Most persons who have dealings with labor feel that their satisfaction is greater when provision is made for their medical care. This is evidenced by the plans employed by most of the large organizations in the state. Prepaid medical insurance financed by payroll deductions is often employed. If the State provided medical care for all of its inhabitants the attraction would be great because the cost to the individual who was employed in an industrial capacity would be much smaller. The medical profession may find that it can contribute its share to the advancement and development of our state. Planning and vision blended with a sacrifice of some of our traditions may be necessary.

Before any plan on a statewide basis is set up it should be submitted to a referendum of the people. The medical profession should inform the public of its plan, its advantages and disadvantages, through forums and debates, and allow the people of the state to make a judgment. If they disapprove the plan should be dropped, and they will be left to accept whatever the Federal Government will impose upon them.

A plan has been conceived after much thought and conversation with many men I have met from all parts of the country. As far as possible the disease of bureaucratic control has been eliminated. Political interference can be kept at a minimal level as I shall attempt to show. The opportunity for advancement by individual initiative will remain in a degree similar to that which exists today. Betterment of the quality of medical practice and education in the state as well as making the care more universally available has been a constant thought in the preparation of this plan.

The basic elements of the plan are as follows: (1) The University system of control. (2) Physical division of the state for the setup of facilities and personnel. (3) Setup of transportation facilities. (4) Financial support and maintenance. (5) Remuneration of personnel according to training and aptitude. (6) Educational opportunities and provision for research.

(1) The University system of control is meant to imply the type of control which governs the state supported universities and colleges which exist in our state at present. A non-political group of trustees would govern policy and procedure of an administrative nature. The laws drawn up to apply to administration of the program should specifically stipulate against opportunity for political interference. I believe that the system has worked in our colleges. Professors at the University do not hold or lose their jobs according to the tide of political shift. Bureaucratic control which might be subject to political domination would also be avoided.

(2) Physical division of the State for the setup of facilities and personnel. A look at the map of the State and a knowledge of the physical equipment already available will suggest localities in which certain facilities should be concentrated. A commission should be designated, however, to make studies of population and the present medical facilities with the end in view of making an equitable distribution. Without the facts derived from the

survey mentioned above, the following hypothetical setup might be envisioned. The present facilities are already concentrated at the larger cities, namely Greenville, Spartanburg, Florence, Charleston, and Columbia. Medical personnel which is specially trained has already drifted to these centers of population and would need to be augmented only in very isolated instances. This would avoid the need for shift of personnel which is so often referred to when a socialized plan is mentioned. The facilities available in smaller cities, such as Camden, Kingstree, Conway and others, could be used without a shift in personnel. It is obvious that highly specialized fields such as neurosurgery, thoracic surgery, plastic surgery, and pathology would not be necessary in all of the centers mentioned, so one point of the State could be designated for the location of men specially trained in such fields. As medicine develops, other highly specialized fields would have to be added. The method in which personnel would be obtained and trained to fill the vacancies caused by death and retirement will be described under heading No. 5. The records of all cases treated in the State should be centralized so that they can be studied by those interested in clinical research.

(3) Transportation should be provided for making the centers readily available to all points in the State. A system of transportation of specialized personnel and equipment for consultation by plane is not too much to expect in the future world.

(4) Financial maintenance and support would require a survey to determine the present cost of medical care in the State. The survey should take into account the income of all doctors in the State, the costs of hospital care, the cost of medical education, the cost of equipment in all medical facilities, and the rate of depreciation of such equipment. Added to this should be an estimate of the cost of personnel employed as adjuncts to the practice of medicine, such as stenographers, X-ray technicians, laboratory technicians and the like. Added to this should be the cost of a well equipped library adequately staffed. Such adjunct personnel as brace-makers, medical editorialists and statisticians would be needed in a progressive educational scheme. Funds should be set aside for development of research in all fields of medicine, Allowance should be made for a five to ten percent administrative cost connected with such an organization.

(5) Scale of remuneration according to training and aptitude. This feature of any program will give rise to the greatest degree of contention, but I believe that a scale can be worked out which will provide adequate income and also maintain the element of individual initiative in the creation of promotions. A continuous process of education should be evolved through which the man in training would go until he had received certification by a specialty board. If he wished to remain in general practice, a qualifying board could be set up which would allow for an increase in salary ranking with that of persons in special fields after he had been certified. This feature would provide for the man who wished to remain in general practice or the man who wished to live in a locality not heavily populated and therefore not set up as a center for specialized personnel. It is certain that the salary levels of maximum attainment should be kept above those of competing governmental agencies such as the Army Medical Corps, the Veterans Administration, and the U. S. Public Health Service, so that the type of individual with initiative and ability will be attracted to choose practice under this system. The stipulation that certification by boards would be necessary before a salary increase could be obtained would be a continuous incentive for study and improvement. Longevity pay should be included in any plan so that added responsibility and expense incurred by the normal growth of a family could be met. Retirement pay on the basis of length of service should also be included. Stipulation as to retirement should be optional up to a certain age and mandatory after the age of seventy. Persons past this age could be used, if they wished to remain active, in the capacity of consultants and teachers. A plan of retirement of this sort would increase the opportunity for advancement of the younger, more active men. All doctors would begin to receive remuneration when they graduated from Medical School and had passed the State Board Examinations, provided they interned within the State and thereby rendered services to its people. A two year period of rotating internship should be required. After the two years of internship had been completed a salary increase should be made. A period of two to three years in general practice on a scale of pay gradually increasing each year should be required. If a realm of special interest were developed during the years of intership and general practice, application could be made for training in special fields, or a person could designate his intention to remain in general practice. If a person should choose a special field of work, he should be examined on the basic knowledge of his chosen field. This examination would not entail a detailed knowledge of the subject but only such knowledge as he should have acquired during four years of college, two years of internship and the specified time in general practice. Upon his successful completion of this examination, he would be admitted for five years training in one of the centers where specialized personnel was concentrated. During the five years of training gradual increases in salary by the year would be in order. After the five years of apprenticeship he would be qualified for one of the specialty board examinations, and after completion of same his salary should be boosted to the maximum level. A person who had chosen to remain in general practice would also serve five years as such before he came up for certification and the increase in salary to the maximum level. Hours of work and opportunity for educational advancement should be equalized for specialist and general practitioner, so that both should be equally attractive.

(6) Educational and research provisions. Emphasis should be placed on educational attainment during the entire period of active practice of the individual. Provision for teaching and frequent opportunities for interchange of knowledge form a part of the conception of such a program. Some form of research should be a required part of every man's training before certification, and all persons should be encouraged to maintain an active study of medical problems. Research facilities in the basic fields of medicine should be maintained and adequate personnel provided to keep them active and to aid their participation with clinicians in their researches. Stress should be placed on publications, seminars, clinical conferences and like opportunities for interchange of ideas in which all personnel would participate.

The above described scheme may appear abhorrent to some of the profession, and particularly to those who have been in practice for many years. We have attempted to show that the younger ones of us will probably have to submit to governmental control of medicine in our lifetime if we cannot offer something better first. This plan is an attempt to provide a more palatable alternative. At least it has these advantages: (1) Freedom from centralized federal control. (2) Maintenance of the element of incentive. (3) Free choice of physician for the patient (since the patient could choose any

physician in the State who was qualified and willing to treat him).

No one could deny that a profession trained unde this system would be an improvement, on the whole on the profession as it exists today. An attemp has been made to pick out and include the bette features of the practice of medicine as I have see it in an experience which is made up of one year in a church supported hospital in Charleston as ar interne, two years in a large state supported ho pital in New Orleans as an interne, eight years a an apprentice and practicing surgeon in Columbia, one and a half years in the army as a member o the surgical staff, first of a Station Hospital an now of a General Hospital.

REPORT OF S. C. STATE LEGISLATIVE COMMITTEE

Members of Council of The South Carolina Medical Association.

Dear Sirs:

I have been requested to submit a report of the activities of the Legislative Committee of The South Carolina Medical Association. Last year interested Doctors in each congressional district were contacted and asked to serve on an auxiliary committee to be called on only if there was an emergency in Legislative matters, affecting the Medical Profession. This year before the Legislature met these contacts were renewed and we were ready in case anything turned up.

Your committee appeared before the hearing in the Hall of the Senate of the Legislative committee charged with investigating Medical affairs in South Carolina. Your chairman gave some testimonies at this hearing and answered some questions. Your committee was instrumental in having introduced and passed an amendment to the Narcotic Drug Act, adding Isonipecaine to the list of narcotic drugs. This was done at the request of the Federal Government, as it was found that Demoral, derived from Isonipecaine, was habit forming and was being sold to the public.

This amendment put Isonipecaine derivities under the same restrictions as the preparations of Morphine, Cocaine, and Cannabis.

The marriage bill was before the Legislature again this year, the committee took no part in it's consideration.

Respectfully submitted,
N. B. Heyward, M.D., Chairman of Legislative Committee of South Carolina Medical Association.

Following a letter from the Secretary of the Greenville Medical Society relative to cooperating with Senator Williams in clearing up the law pertaining to Criminal Abortions, Senator Williams was contacted and asked to interview the Greenville secretary. I have heard nothing further from this proposed Legislation.

REPORT OF S. C. BOARD OF MEDICAL EXAMINERS

Members of Council of The South Carolina Medical Association.

Dear Sirs:

I hereby submit a report of the activities of the South Carolina Board of Medical Examiners. Since last April forty-seven Doctors have been admitted to practice, following written examinations. Ten have been admitted by reciprocity with other states, making a total of fifty-seven admitted to practice in South Carolina during the past year.

It was brought to the attention of the Board by the Federal Government that South Carolina was not cooperating with the Government in the control of the Narcotic traffic. We were reminded that we had never taken any action in cases where Doctors practicing under our licensure had been convicted by the Government of Narcotic violations, although notified of these convictions by the Government.

This was news to your new secretary and to the rest of the Board, I found. A meeting of the Board was promptly ca'led and the Government was assured that the Board, as at present constituted would cooperate with it to the fullest in helping control the illegal use of morphine and other narcotic drugs. As a result of this, and acting on evidence furnished by the Government, eight Doctors in South Carolina were summoned before the Board on November 17, 1943, and those found guilty of unlawful trafficing in Narcotics were punished. The cases of two Doctors convicted of felonies have been brought to the attention of the Board and some action will be taken in their cases as soon as they have had the opportunity to appear before the Board to show cause why their licenses should not be revoked.

This is a new activity by your Board but one which the Government seems to appreciate thoroughly and we feel that great good may come of it.

Respectfully submitted,
N. B. Heyward, M.D., Secretary of The State Board of Medical Examiners.

REPORT OF THE PERMANENT COMMITTEE ON PUBLIC POLICY

This committee was appointed by the president as a result of the following motion passed by the house of delegates last year:

"We recommend to the incoming president that he appoint a committee . . . to make a thorough study over a long period of time of the question of socialized medicine. Whether that socialized medicine be carried on by individual groups, under government control or be incorporation."

It is apparent at once that the recommending resolution is unfortunately phrased and is somewhat ambiguous. The president interpreted it to imply that the work of the recommended committee should be. "To keep abreast of the trends in group practice, health insurance and hospital insurance, et cetera." At the suggestion of the secretary he named the committee "Permanent Committee on Public Policy."

The personnel of the committee is from scattered sections of the State and all of its deliberation has been by correspondence. The chairman wishes to express his appreciation for the courtesies shown him by members of the committee and for their readiness to write fully their opinions and recommendations in regard to matters presented to them. Their attitude is particularly praiseworthy in view of the indefinite and groping leadership which the chairman was able to give, and the lack at all times of an agenda for consideration.

The committee has done the following:

1. Each member has started a file of articles, discussions, outline of plans, et cetera, having to do with state medicine, group practice, health insurance, et cetera. Much in the file kept by the chairman has been clipped from the pages of *Medical Economics*, which little journal has given much space to these matters during the past year. No effort has been made by the committee to organize, digest or to reach a unity of opinion from this material.

2. The suggestion was made to the secretary of the association that a speaker's bureau be organized this bureau to list the names and addresses of doc-

tors who would stand ready to address both medical and lay groups on medical subjects both scientific and politico-economic. A little work was done on this without valuable results, and thus far no such bureau has been established, although a few men, including members of this committee have expressed their willingness to enroll in such a bureau.

3. After the Wagner-Murray bill (S 1161) was introduced in the United States Senate, a popular article was prepared by the chairman, in which the medical provisions of the bill were analyzed and discussed and an effort made to show the dangers and unpracticality of such a proposed scheme as it applies to the laity and to the profession. Through members of this committee this article was offered to newspapers in various parts of the State, but how many papers published it or articles based on its contents, we do not know. We feel that this, and similar attacks and discussions were rather pre mature, as they will have all been forgotten by the public and by the committee when the committee of the Senate starts hearings on the bill.

4. Dr. J. W. Chapman, a member of this committee, was influential in having strong resolutions opposing the Wagner-Murray bill passed by the Rotary and Lions Clubs of Walterboro. A copy of this resolution was sent to South Carolina congressmen and senators. He had published in the Walterboro paper the article prepared by the committee, and through his efforts the members of his county society are supporting efforts of the Physicians National Committee to defeat this bill.

Comments and recommendations:

There is a trend in this State and nationally for some type of over-all spread of the cost of illness. This trend is both lay and professional. It has been recognized during the past year by speakers and writers who try to speak for the profession.

It is exemplified by the Greenville County Hospital Association, a non-profit organization which furnishes hospital aid at low cost and which is sponsored by the Greenville hospitals and the Greenville County Medical Society.

It is further exemplified by effort to secure necessary enabling legislation to make this kind of a plan State wide.

A further evidence of the public's acceptance of some form of sickness insurance and the profession's acquiescence is the rather widespread sale of group coverage to the industrial plants in the State. These contracts furnish various degrees of protection, usually include a small death benefit, and provide a highly inadequate fee for surgery and no fee for non-surgical medical care, but they do pay largely for minimal hospital accommodations. So far as medical fees are concerned, it accomplishes two things, namely, it keeps down surgical fees below the usual minimal level, and it relieves the patient of payment of even this low fee, not through intent of the carrier, but because the patient as a rule will not pay more and the doctor, some doctor, acquiesces to his unwillingness to pay more.

These forms of prepayment hospital and/or sickness insurance are satisfactory to the patient, but does not pay the doctor anything or at most an inadequate fee. They are accessible only to workers who form groups such that fees may be collected by a paymaster of some kind. Agricultural workers, irregular laborers, and those who do not work are not included.

We have had a little taste of limited State medicine in the application of the federal bill to pay for maternity care of wives of enlisted personnel of the armed forces and their infant children. The act is administered by the Division of Child Health and Maternal Welfare. Dr. Hilla Sheriff, the acting

IF our Service Representatives cannot get to see you as regularly and frequently as desired, please write, wire or phone and we will give you prompt, courteous and intelligent service.

WINCHESTER

"Carolina's House of Service"

Winchester Surgical Supply Co.
106 E. 7th St., Charlotte, N. C.

Winchester-Ritch Surgical Co.
111 N. Greene St., Greensboro, N. C.

director, has, I believe, made an honest attempt to administer this plan in a fair manner, and in a way to cause as little inconvenience and irritation to the doctors as possible. She is familiar with the problems of private practice and is not a professional bureaucrat. But she herself is hedged in and regulated by the Children's Bureau in Washington. She dispenses federal funds, and is responsible for them to Washington. She has to carry out regulations imposed upon her. Further, there have arisen complicating circumstances in individual cases, and doctors have failed to understand various phases of the regulations. As a general rule the patients and their husbands have been uncooperative, unappreciative and generally troublesome, as is usually the case where patients are getting treatment for which they do not pay. The scheme has been generally unsatisfactory to patient and to doctor alike. Many doctors never attempted to cooperate with the plan, others tried to but became discouraged and stopped accepting patients under it, and those who have continued to cooperate do so more from a sense of professional duty than from a feeling of satisfaction and adequate remuneration for work done. The operation of this scheme will do much to cool the enthusiasm of those doctors who are most enthusiastic advocates of some form of State medicine.

It is the feeling of this committee that now is a most inopportune time to try to formulate and if formulated to activate any kind of prepayment plan of sickness insurance, whether it be federal, state, or more local. Doctors have all the work that they can do. They can and do command adequate prices for their services. They still give a considerable proportion of their time to deserving charity work. Under no plan could they do more and failure to cooperate with any plan of prepayment would neither cause time to be heavy on their hands nor their families to go hungry. They would still have enough private practice to satisfy them. Any effort to force their cooperation would result only in their doing as little as they could get by with —to the detriment of both patient and physician. After the war when physicians are more plentiful, when, perhaps, people and physicians have less money, when it is seen what inroads into private practice the government will make in its provision for discharged soldiers and their dependents, then will be time enough to try to make positive suggestions and plans to care for the health of the people in a manner different from the American way. Until then our task is negative, to prevent the enactment of some utopian, inpractical plan such as is represented by the Wagner-Murray bill.

J. D. Guess, Chm.

REPORT OF COMMITTE ON HISTORICAL MEDICINE

The Committee on Historical Medicine has continued to accumulate in a small way material bearing on the history of medicine in South Carolina. Various notes and references have been tabulated and entered in files and cards which are available for study.

The committee has not had any great encouragement in the way of donation of material, but still is most desirous of having books, papers, pictures and other things of general medical historical or biographical interest of any vintage.

The committee respectfully requests that sufficient funds be allowed to carry on the work of collecting and arranging material for producing in time a history of medicine in the State.

J. W. Jervey
D. Lesesne Smith
Robert Wilson, Jr.
S. R. Lucas
J. I. Waring, Chairman

REPORT FROM THE COMMITTEE ON MEDICAL EDUCATION OF THE SOUTH CAROLINA MEDICAL ASSOCIATION

The committee is fully aware that the formal education of under-graduates in medicine is now in the hands of the armed forces and that the present classes will probably graduate under the auspices of the United States Government. However, it is recommended that the medical profession prepare and have plans for the rapid change-over from governmental control to civil control of all medical education, so that there will be no let down in the high standards here-to-fore set.

Now, as well as later, there should be refresher courses held in different parts of the state for the benefit of those who, due to the high pressure of war times, have been unable to read and to keep abreast of the latest advancements. For example, refresher courses have been offered by the Alumni Association of the South Carolina Medical Association, the Anderson Seminar, and the Annual meeting in Bennettsville, South Carolina. Splendid work has been done by the Columbia and Greenville Medical Societies—having opened their meetings to the entire state. Of course, the South Carolina Medical Society of Charleston has always had splendid meetings and the state, at large, has a permanent invitation. It is suggested, for one, the Tri County Medical Society of Orangeburg, South Carolina could have courses that would be of great value to the practitioners who can easily reach these meetings

WAVERLEY SANITARIUM, INC.

(Founded in 1914 by Dr. and Mrs. J. W. Babcock)

HOSPITAL FOR CARE AND TREATMENT OF NERVOUS AND MENTAL DISEASES

2641 Forest Drive Columbia, S. C.

DR. CHAPMAN J. MILLING, Medical Director

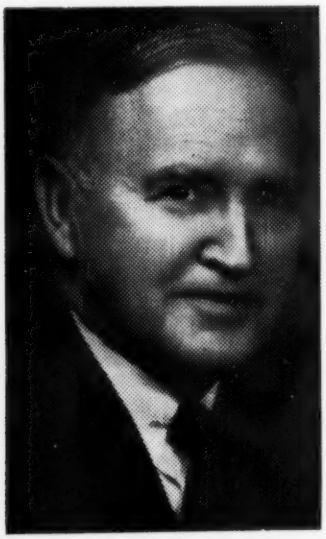
The entire subject of the present day "Post-Graduate Medical Education" is vital to the physician who no longer can attend the classes at a great distance from his home. An editorial titled "Postwar Planning" in the South Carolina Medical Journal of February, 1944, discusses some of the problems; however, there are certain things that stand out in this committee's mind of great importance. For South Carolinians it should not be expensive. The arrangement for men who finished their internship and immediately went into the army should be allowed and urged to serve as residents in our hospitals. The returning medical officer will have been doing something in the army that was far from his civilian occupation, therefore, with the cooperation of the Medical College, the Alumni Association and the South Carolina Medical Association there should be a plan devised to give rapid refresher courses to such men as desire them.

We have many men in the medical profession of South Carolina who are superb teachers and whom we are sure would willingly give their time and talent to make these courses of value to all these returning medical veterans. It is recommended that the South Carolina Medical Association appoint a committee of known medical teachers to formulate some plan by which every regular facility may be used to further the Post-Graduate Medical Activities in South Carolina. We suggest that this committee study the plan drawn up by the Westchester County (N. Y.) Medical Society, "To Aid Demobilized Physicians."

Respectfully submitted by the committee on Medical Education,

D. S. Pope, M.D., Chairman
Columbia, South Carolina
Floyd D. Rodgers, M.D.
Columbia, South Carolina
G. S. Rhame, M.D.
Camden, South Carolina
A. C. Bozard, M.D.
Manning, South Carolina
Gertrude Holmes, M.D.
Greenville, South Carolina
G. R. Westrope, M.D.
Gaffney, South Carolina

DEATHS



CURRAN B. EARLE, M.D.

Dr. Curran B. Earle, the well-known and well-beloved surgeon, of Greenville, S. C., died Tuesday, March 21st, 1944.

Dr. Earle, who was a son of the late Dr. and Mrs. T. T. Earle, was born on July 27, 1875, at the old Earle homestead on Deep Creek plantation in Anderson County. While he was still young, the family located in Greenville, where Dr. Earle since had made his home. Upon graduating at Furman University, he pursued his studies in medicine at the University of Maryland, where he received his degree in 1896. Before returning to Greenville to practice, he served an interneship at the University Hospital and at the Woman's Hospital in Baltimore.

In cooperation with Dr. J. B. Earle and Dr. T. T. Earle, he established the first hospital in Greenville, and was outstanding as a surgeon and physician. He was a charter member of the American College of Surgeons; a member of the American Medical Association, the Southern, Tri-State and South Carolina Medical Societies. He had served the South Carolina and the Greenville organizations as president.

During World War I he was commissioned a major in the Medical Corps and was in charge of Camp Wadsworth's hospital and surgical service. In addition to his wide practice here, he was surgeon for the railroads in Greenville.

Dr. Earle was a member and past president of the Greenville Rotary Club and was a member of the Greenville Country Club and of the Poinsett Club.

He was active in fraternal organizations also, having been a past master of Recovery Lodge, No. 21, Ancient Free Masons, a member of Hejaz Temple of the Shrine, and a member and trustee of the Greenville Lodge of Elks. Dr. Earle was past eminent commander of the Knights Templar.

He was vice-president and for many years director and chairman of the finance committee of the Peoples' National Bank of Greenville.

Among other important services he rendered the city was his serving as chairman of the Greenville Housing project and as chairman of the county board of health in 1916.

His wife, Mrs. Susan Harris Earle, survives him, with two daughters, Mrs. Claiborn Carr, of New York City, and Mrs. Harry Kamier, of Sao Paulo, Brazil, South America.

In addition, he is survived by one sister, Miss Estelle N. Earle, of Greenville, and two granddaughters, Misses Susan and Margaret Carr, of New York.

Although Dr. Earle was a leader in the medical profession and was active in civic and fraternal life, a list of his achievements would not account for the sadness which was expressed whenever his name was mentioned after his death. Dr. Earle had lived in Greenville over 60 years, and his record was clean. He was a man of unquestioned integrity. He had fearless courage and yet he was tender in dealing with human beings and tolerant of human weaknesses. No one knows of the countless people he helped along the pathway of life. He himself suffered physically for many years. For the past few years he knew his stay on earth was short but he was always cheerful, never complaining, and always strengthening the morale of others who were stronger physically than he was but who could not face life with the resolute smile such as he always

had upon his lips. Doctors lead lives of tension. Frayed nerves and sleepless nights make quick tempers and sometimes cause regrettable wounds to the hearts and feelings of others but Dr. Curran B. Earle in all the years of practice and association with nurses and patients in Greenville was always a gentleman. The most difficult art to learn is the art of living. Dr. Earle was a true artist of life.

Dr. W. Y. McDaniel, 77, Honorary Member of this Association and of the American Medical Association, died at his home in Taylors on the 21st of Jan. A graduate of Chattanooga Medical College (1900), he had practiced medicine in Taylors for forty years.

Dr. J. L. Jefferies, 77, died at his home in Spartanburg recently. Graduating from New York University Medical College in 1889, Dr. Jefferies began his practice of medicine in South Carolina the same year. He had been practicing in Spartanburg for about forty-five years.

SOCIETY REPORTS

SOCIETY MEETINGS

A large number of physicians from over the state gathered with the members of the Columbia Medical Society on March 13 to celebrate the 90th anniversary of that organization.

The guest speaker of the occasion was Dr. Herman L. Kretschmer of Chicago, President-Elect of the American Medical Association. The first part of his address was devoted to a discussion of general medical welfare and the part which the American Medical Association is playing in planning for the future. He then discussed Hematuria, illustrating his talk with lantern slides.

The local speaker was Dr. George Bunch who discussed, "Prevention of Cystocele Developing after Supra-Pubic Hysterectomy."

Once again we are convinced that the Columbia Medical Society is rendering a great service to the profession of the state in the meetings which it is sponsoring and we commend them for their splendid work and urge that they continue their splendid programs. (Ed.)

Military personnel were the guest speakers at the March meeting of the Greenville County Medical Society. Lt. Col. Frank J. Shaffer discussed "Effect of Acceleration on Flying Personnel;" Lt. Leslie Nicholas discussed "Dermatology at Station Hospital;" and Capt. Julius Seidman presented a paper on "Psychiatric Problems at Station Hospital."

At the regular meeting of the Medical Society of South Carolina (Charleston) on February 22nd, Dr. Roe E. Remington of the Medical College Faculty, was the guest speaker. His subject was "Trends in Pellagra and Their Interpretation."

Dr. Charles M. Moore was elected to membership in the Society.

COUNTY SOCIETY OFFICERS AND DELEGATES

Abbeville County Medical Society

Dr. M. J. Boggs, Abbeville, President
Dr. F. L. Mabry, Abbeville, Secretary-Treasurer
Delegate: Dr. F. L. Mabry, Abbeville
Alternate: Dr. M. J. Boggs, Abbeville

Allendale County Medical Society

Dr. W. R. Tuten, Fairfax, President
Dr. A. B. Preacher, Allendale, Secretary-treasurer
Delegate: Dr. W. R. Tuten, Fairfax

Anderson County Medical Society

Dr. George Peel, Anderson, President
Dr. A. C. Bradham, Anderson, Vice President
Dr. Ned Camp, Anderson, Secretary-Treasurer
Delegates: Dr. Ned Camp, Anderson; Dr. George Peel, Anderson; Dr. D. C. Stoudenmire, Honea Path
Alternates: Dr. E. E. Epting, Anderson; Dr. S. H. Ross, Anderson; Dr. E. O. Hentz, Anderson

Charleston (Medical Society of South Carolina)

Dr. Henry W. de Saussure, Charleston, President
Dr. Mylnor W. Beach, Charleston, Vice President
Dr. Robert Wilson, Jr., Secretary-Treasurer
Delegates: Dr. J. I. Waring, Dr. Wm. H. Speisegger, Dr. Robert Wilson, Jr., Dr. Arthur L. Rivers, Dr. Archie E. Baker, Dr. John van de Erve, Jr.
Alternates: Dr. Clay W. Evatt, Dr. R. W. Hanckel, Jr., Dr. Wm. H. Kelley, Dr. Paul W. Sanders, Jr., Dr. G. S. T. Peeples, Dr. G. H. Zerbst

Chester County Medical Society

Dr. J. N. Gaston, Jr., Chester, President
Dr. V. P. Patterson, Chester, Vice President
Dr. R. D. Hicks, Chester, Secretary-Treasurer
Delegate: Dr. R. D. Hicks, Chester
Alternate: Dr. W. R. Wallace, Chester

Chesterfield County Medical Society

Dr. D. C. Griggs, Pageland, President
Dr. M. W. Hook, Cheraw, Vice President
Dr. J. P. Harrison, Cheraw, Secretary-Treasurer
Delegate: Dr. J. P. Harrison, Cheraw
Dr. Wm. L. Perry, Chesterfield, Alternate

Colleton County Medical Society

Dr. L. M. Stokes, Walterboro, President
Dr. J. W. Chapman, Walterboro, Secretary-Treasurer
Delegate: Dr. L. M. Stokes, Walterboro
Alternate: Dr. J. W. Chapman, Walterboro

Columbia Medical Society

Dr. Hugh E. Wyman, Columbia, President
Dr. C. Gordon Spivey, Columbia, Vice President
Dr. Chapman J. Milling, Columbia, Secretary
Dr. W. A. Hart, Columbia, Treasurer
Delegates: Dr. James E. Boone, Columbia; Dr. Kirby D. Shealy, Columbia; Dr. L. Emmett Madden, Columbia; Dr. A. F. Burnside, Columbia; Dr. D. F. Adcock, Columbia; Dr. Benj. Rubinowitz, Columbia; Dr. E. W. Masters, Columbia

Darlington County Medical Society

Dr. A. P. Rosenfield, Darlington, President
Dr. M. L. Townsend, Society Hill, Vice President
Dr. W. A. Carrigan, Darlington, Secretary-Treasurer
Delegate: Dr. O. A. Alexander
Alternate: Dr. E. H. King, Hartsville

Dillon County Medical Society

Dr. B. F. Hardy, Dillon, President
Dr. E. B. Michaux, Dillon, Vice President
Dr. S. C. Henslee, Dillon, Secretary-Treasurer
Delegate: Dr. W. V. Branford, Dillon
Alternate: Dr. D. M. Michaux, Dillon

Dorchester County Medical Society

Dr. A. S. Behling, St. George, President
Dr. A. R. Johnston, St. George, Secretary-Treasurer

Edisto Medical Society

Dr. L. D. Wells, Holly Hill, President
Dr. Augusta Willis, Orangeburg, Vice President
Dr. W. O. Whetsell, Orangeburg, Secretary-Treasurer
Delegates: Dr. L. D. Wells, Holly Hill; Dr. J. A. Forte, North; Dr. A. P. Traywick, Cameron; Dr. T. L. Glennon, Denmark

Fairfield County Medical Society

Dr. C. S. McCants, Winnsboro, President
Dr. J. E. Douglas, Jr., Winnsboro, Vice President

RHEM'S DRUG STORE
WE FOLLOW THE
DOCTOR'S ORDERS
505 W. Palmetto
Phone 278 **Florence, S. C.**

Powers & Anderson
Manufacturer's Agents
and Distributors of
Standard Trade Marked
Hospital and Physicians
Supplies & Equipment
For prompt service
Mail your orders to
Louis W. Griffin
Service & Sales Branch
1512 Marion St.
COLUMBIA, S. C.
Telephone 5124

Dr. J. T. Hardy, Winnsboro, Secretary-Treasurer
Delegate: Dr. J. F. Dobson, Ridgeway

Florence County Medical Society

Dr. J. F. Davenport, Timmonsville, President
Dr. George R. Dawson, Florence, Vice President
Dr. J. H. Stokes, Florence, Secretary-Treasurer
Delegates: Dr. L. M. Lide, Florence; Dr. J. H. Stokes, Florence

Greenville County Medical Society

Dr. L. H. McCalla, Greenville, President
Dr. Jack D. Parker, Greenville, President-Elect
Dr. Gertrude Holmes, Greenville, Secretary
Dr. E. O. Horger, Jr., Greenville, Treasurer
Delegates: Dr. T. G. Goldsmith, Greenville; Dr. T. B. Reeves, Greenville; Dr. Geo. R. Wilkinson, Greenville; Dr. J. D. Guess, Greenville; Dr. M. Nachman, Greenville

Kershaw County Medical Society

Dr. S. J. Blackmon, Kershaw, President
Dr. Carl A. West, Camden, Vice President
Dr. G. S. Rhame, Camden, Secretary-Treasurer
Delegates: Dr. C. A. West, Camden; Dr. G. S. Rhame, Camden
Alternate: Dr. W. D. Grigsby, Blaney,

Lancaster County Medical Society

Dr. G. T. Noel, Lancaster, President
Dr. J. C. Harris, Lancaster, Secretary-Treasurer
Delegate: Dr. G. T. Noel, Lancaster
Alternates: Dr. R. L. Crawford, Lancaster; Dr. C. W. Morrison, Lancaster

Lee County Medical Society

Dr. F. A. Blanchard, Bishopville, President
Dr. L. A. Nimmons, Bishopville, Secretary-Treasurer
Delegate: Dr. L. A. Nimmons, Bishopville

Lexington County Medical Society

Dr. O. C. Holley, Leesville, President
Dr. James Crosson, Leesville, Vice President
Dr. J. H. Mathias, Lexington, Secretary-Treasurer
Delegate: Dr. D. S. Keisler, Leesville
Alternate: Dr. Jas. Crosson, Leesville

Newberry County Medical Society

Dr. V. A. Long, Prosperity, President
Dr. A. T. Neely, Newberry, Vice President
Dr. J. C. Sease, Newberry, Secretary-Treasurer
Delegate: Dr. E. G. Able, Newberry
Alternate: Dr. H. B. Thomas, Whitmire

Oconee County Medical Society

Dr. John T. Davis, Walhalla, President
Dr. W. C. Mayes, Fair Play, Vice President
Dr. Wm. A. Strickland, Westminster, Secretary-Treasurer
Delegate: Dr. J. E. Orr, Seneca

Pickens County Medical Society

Dr. J. L. Valley, Pickens, President
Dr. J. W. Potts, Easley, Vice President
Dr. N. C. Brackett, Pickens, Secretary-Treasurer
Delegate: Dr. C. M. Tripp, Easley

Ridge Medical Society

Dr. P. A. Brunson, Ridge Spring, President
Dr. T. K. Fairey, Johnston, Secretary-Treasurer
Delegates: Dr. W. T. Gibson, Batesburg; Dr. A. R. Nicholson, Edgefield
Alternates: Dr. W. W. King, Batesburg; Dr. P. A. Brunson, Ridge Spring

Sumter County Medical Society

Dr. M. E. Parrish, Sumter, President
Dr. C. R. F. Baker, Sumter, Vice President
Dr. E. Alex Heise, Sumter, Secretary-Treasurer
Delegates: Dr. H. A. Mood, Sumter; Dr. M. E. Parrish, Sumter
Alternates: Dr. E. Alex Heise, Sumter; Dr. C. R. F. Baker, Sumter

York County Medical Society

Dr. W. E. Simpson, Rock Hill, President
Dr. Ben N. Miller, Hickory Grove, Vice President
Dr. E. E. Herlong, Rock Hill, Secretary-Treasurer
Delegates: Dr. W. K. McGill, Clover; Dr. Ben N. Miller Hickory Grove; Dr. W. C. Whitesides, York
Alternates: Dr. J. B. Elliott, Fort Mill; Dr. N. G. Quantz, Rock Hill; Dr. W. W. Fennell, Rock Hill

ESTES SURGICAL SUPPLY COMPANY

Phone WAlnut 1700-1701

56 Auburn Avenue

ATLANTA, GA.

We cooperate with the physicians at all times

HUNLEY'S DRUG STORE

286 King St. Charleston, S. C.
Telephone 5541

REEVES DRUG CO.

Just What The Doctor Orders

139 S. Dargan St.

Phone 123 Florence, S. C.

NEWS ITEMS

Major Buford S. Chappell, Medical Corps, has been transferred from Camp Gruber, Oklahoma, to Fort Francis E. Warren, Wyoming. He is Chief of the Genito-Urinary Service at the Station Hospital and writes that he is the only South Carolina doctor on the post.

Lt. Col. Everett B. Poole, formerly of Greenville, is now stationed at Camp Van Dorn, Mississippi.

Dr. Frank Woodruff, son of Dr. W. A. Woodruff of Woodruff, has opened an office in Greer, S. C.

Dr. W. R. Tuten, Jr., who has been practicing in Camden, has moved to Fairfax, S. C., where he will practice with his father.

Dr. Leo F. Hall has resigned as Radiologist and Physician at State Park and expects to practice medicine in Columbia.

Major Frank P. Coleman is now stationed at the Maguire Hospital, Richmond, Virginia.

In a recent letter from George McCutchen (formerly surgeon of Columbia and now Major in the Army located at Finney General Hospital in Thomasville, Ga.) we have the following interesting information as to his personal doings;

As far as my army service is concerned, there is very little in the way of news in it; certainly there has been nothing romantic. For eight months I was located at the Station Hospital at Camp Forrest, Tullahoma, Tennessee. Since April 1st, 1943, I have been at the Finney General Hospital at Thomasville, Georgia. All in all, the experience has been good. One gets resigned to the business of being a nomad and not knowing when and if he will be moved. I've run into a lot of great guys whom I wouldn't have known otherwise. The brand of medicine and surgery practiced in the General Hospitals is good, and most of us are gaining valuable experience along some lines. Of course, there is nothing in the army that I won't gladly give up the way the war is over, so that I can return home and get settled once again.

Have recently seen two S. C. boys here. Roy Settle was just back from India and has a wonderful G. I. trip around the world. Paul Barnes was here for a few days and has now gone to Walter Reed.

AERO SAKOS

The time is here for us to gather for our annual medical meeting. Too much credit cannot be given to those responsible for the assured success of this year's program. Their reward will be forthwith coming in the gratitude that will be shown by those attending. We trust that all of us can get there and not have the experience of the drunk who was in a hotel room. A friend called, knocked and asked him to open the door. He replied that he couldn't, that the door was locked; "Well," his friend said, "unlock it;" "Can't," replied the drunk, "I lost the key;" "Man, what will you do if there's fire," asked the friend — "I can't go," replied the drunk.

This column would like to direct the attention of its readers to the work of Strother Pope for the Alumni Association. Strother has worked awfully hard for the Alumni Association for the past several years and deserves our support. We are reminded of his story about the doctor and the farmer.

The farmer asked, "and how is your patient, the lawyer, coming along?" The doctor replied, "Poor fellow, he's lying at death's door" — to this the farmer answered, "that's grit for you — at death's door and still lying."

It certainly isn't Strother that needs any enthusiasm about how Alumni works, it's us. That brings forth the story of the lecturer who was talking about vitamins. Finally, he said, "Why there's nothing new about vitamins—it is said that King Solomon fed them to his wives." With that an old man arose at the back of the hall and raised his hand — the speaker asked, "And did you want to know what vitamins he fed his wives?" "No," the old man replied, "I want to know what kind King Solomon took."

Support your Alumni Association — they are doing a swell job and you won't be in the following dilemma: A disciple once asked Socrates whether it was better to marry or not to marry. "Whichever you do," replied Socrates, "you will regret it."

Remember Father Confessor, Julian Price, says, "When a man says he is sure of his wife, he is sure of his wife; when a woman says she is sure of her husband, she is sure of herself.